PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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(Column 2) (Column 3) (Cotumn 1) HIGHEST CLAIMS O REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-TIONAL PREVIOUSLY EXTRA TIONAL ENT AFTER AMENDMENT FEE FEE PAID FOR Total Minus NON OR (37 CFR 1.18(4)) Minus ũ X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE

. If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

"If the "lighest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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